

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: SPA #04-02	2. STATE Kansas
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE April 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 438		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2004 \$ 0	
		b. FFY 2005 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, Page 11		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-F, Page 11 <i>Kansas (04-02)</i> <i>Approved: 06/28/04</i> <i>Effective: 04/01/04</i>	
10. SUBJECT OF AMENDMENT: Physician's Assistants (PA's) allowed as Primary Care Case Managers (PCCM's) in HealthConnect			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		X OTHER, AS SPECIFIED: Janet Schalansky is the Governor's Designee	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //Janet Schalansky - signature//		16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky			
14. TITLE: Secretary			
15. DATE SUBMITTED: April 22, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: April 22, 2004		18. DATE APPROVED: June 28, 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2004		20. SIGNATURE OF REGIONAL OFFICIAL: //Thomas W. Lenz-signature//	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: Associate Regional Administrator for DMCH	
23. REMARKS:			

Service (1)	State Plan Approved (2)	MCO/PHP Capitated Reimbursement (4)	Fee-for-Service Reimbursement impacted by MCO/PHO (5)	Fee-for-Service Reimbursement for MCO/PHO (6)	PCCM Referral/Prior Auth. Required (7)
Mental Health – CMHC	X		X		X
Mental Health - Non CMHC	X		X		X
Mental Health - Behavior Management	X		X		X
Alcohol & Drug Addiction Treatment	X		X		X
Education Agency Services	X				

J. Mandate

1. In the KHI program, Kansas will enter into contracts with State licensed MCOs. Kansas will enter into comprehensive risk contracts with the MCOs. These organizations will arrange for comprehensive services, including inpatient or outpatient hospital, laboratory, x-ray, physician, home health, early periodic screening, diagnosis and treatment, family planning services (excluding abortions and sterilizations not after delivery), RHC, and FQHC except for those described in Section H.1.

All contracts will comply with Sections 1932 and 1903(m) of the Act. Kansas has used and will continue to use a competitive procurement process. The Department sets the capitation rates by region in the state and any participating MCO must accept those rates for the respective Medicaid covered services.

2. With respect to the PCCM, the contracts Kansas enters into with PCPs will contain (at a minimum) all terms required under section 1905(t)(3). Reimbursement will be made on a fee-for-service basis, with a \$2.00 monthly case management fee for each PCCM recipient assigned except for those recipients assigned to FQHCs and RHCs. The following is a list of the types of providers that qualify to be primary care providers under the KHI program: physicians (pediatricians, family practitioners, internists, general practitioners, obstetrician/gynecologists), and physician's assistants, certified nurse practitioners, certified nurse midwives, IHS, FQHCs, and RHCs.

TN # MS #04-02
Supersedes TN # MS #03-08

Effective Date April 1, 2004
Approval Date June 28, 2004